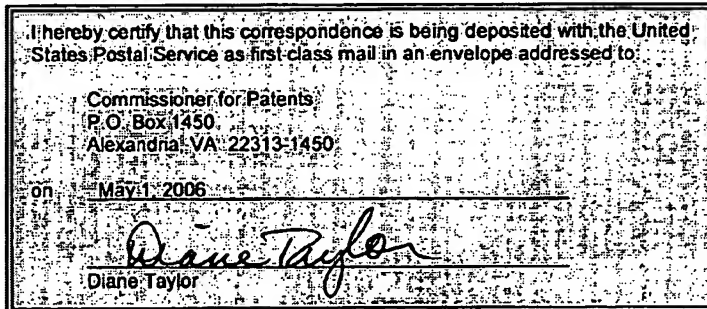


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: SONDRA MOREHEAD  
For: ILLUMINATED COLLAR  
U.S. Serial No.: 10/815,601  
Filed: April 1, 2004  
Group Art Unit: 3644  
Examiner: Elizabeth Anne Shaw

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Dear Sir:

Applicant hereby requests, under the provisions of 37 CFR 1.136(a), a one-month extension of time in the period for filing a reply in the above-identified application to an Office Action, having a mailing date of Dec. 30, 2005.

The Commissioner is hereby authorized to charge the Small Entity fees required under 37 CFR 1.17(a), and to credit any overpayment, for the above-requested extension of time to Deposit Account No. 50-2032 of Scheef & Stone, L.L.P.

A duplicate copy of this paper is enclosed.

05/08/2006 AKELECH1 00000040 502032 10815601

01 FC:1251 120.00 DA

Respectfully submitted,

Scheef & Stone, L.L.P.

Dated: May 1, 2006

5956 Sherry Lane, Suite 1400  
Dallas, TX 75225  
Telephone: (214) 706-4207  
Fax: (214) 706-4242  
jack.stone@scheefandstone.com

Jack D. Stone, Jr.  
Reg. No. 38,324

Adjustment date: 05/24/2006 SFELEKE1  
05/08/2006 AKELECH1 00000040 502032 10815601  
01 FC:1251 120.00 CR

05/24/2006 SFELEKE1 00000013 502032 10815601  
01 FC:2251 60.00 DA



**SCHEEF & STONE, L.L.P.**

*Legal counsel based on solid principles.*

May 08, 2006

Office of Finance – Deposit Account  
Commissioner for Patents  
Via Facsimile 571-273-6500

Dear Sir:

RE: Deposit Account 502032 (Scheef and Stone, LLP)  
US Patent Application No. 10/815,601; Our Ref.: 1978.101

This is a request for refund for incorrect charge of the following filing fee:

Date of Withdrawal: May 8, 2006 for 10815601 for \$120 (EOT).

Refund requested: \$65.00

Reason for request: The applicant is a small entity, thus the fees should have been \$65. Attached is a copy of patent application fee determination record, which shows the small entity status of the application.

Please credit our account accordingly and please let us know if further information is needed.

Respectfully submitted,

Lilis Pramasurja  
IP Assistant

Enc. As stated.

**SCHEEF & STONE, L.L.P.***Legal counsel based on solid principles.***Facsimile Information Sheet**

DATE: May 8, 2006 CLIENT MATTER 999  
TO: Office of Finance - Deposit Account  
FIRM/COMPANY NAME: United States Patent and Trademark Office  
FACSIMILE NO. 571-273-6500 TELEPHONE NO. 571-272-6500  
RE: Request for Refund  
TOTAL NUMBER OF PAGES 3 (including this Facsimile Information Sheet)  
FROM: Lilis Pramasurja (214) 706.4227 (direct dial)  
MESSAGE:

Please see attached correspondence.

**CONFIDENTIALITY NOTE:** The documents accompanying this telefax transmission contain information belonging to SCHEEF & STONE, L.L.P. that is confidential and legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any examination, disclosure, copying, distribution or the taking of any action in reliance on, or with respect to, the contents of this telecopied information is strictly prohibited. If you have received this telefax in error, please immediately notify the person identified as the sending person by collect person-to-person telephone call at the number set forth above to arrange for return of the original document to us at our expense.

\_\_\_\_\_, Operator

**IF YOU DO NOT RECEIVE ALL OF THE PAGES INDICATED ABOVE,  
PLEASE CALL THE FOLLOWING NUMBER AS SOON AS POSSIBLE: 214.706.4200**

PAGE 1/3 \* RCVD AT 5/8/2006 3:41:20 PM [Eastern Daylight Time] \* SVR:USPTO-EFAXF-3/22 \* DNIS:2736500 \* CSID: \* DURATION (mm-ss):01:02

**BEST AVAILABLE COPY**

# PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number:

108 15601

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20 =   |              |
| INDEPENDENT CLAIMS  | minus 3 =    |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## 4/7/05 CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 23                               | minus 20 =                         | 3             |
| Independent   | 4                                | minus 3 =                          | 1             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 385.00 |
| X5 9=     |        |
| X43=      |        |
| +145=     |        |
| TOTAL     | 385    |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 770.00 |
| X518=     |        |
| X86=      |        |
| +290=     |        |
| TOTAL     |        |

TOTAL 385

OR TOTAL

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X5 9=            | 95             |
| X43=             | 100            |
| +145=            |                |
| TOTAL ADDIT. FEE | 195            |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X518=            |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

TOTAL ADDIT. FEE 195

OR TOTAL ADDIT. FEE

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   |                                  | minus                              |               |
| Independent   |                                  | minus                              |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X5 9=            |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X518=            |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

TOTAL ADDIT. FEE

OR TOTAL ADDIT. FEE

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 100.00                           | minus                              |               |
| Independent   |                                  | minus                              |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X5 9=            |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X518=            |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

TOTAL ADDIT. FEE

OR TOTAL ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

04/20/2008  
 Sale Ref  
 01 FC:82  
 02 FC:22